



Mail Date: [REDACTED]

Letter ID: [REDACTED]

CLM: [REDACTED]

Name: [REDACTED]



Request for Information Relative to Possible Ineligibility or Disqualification

Employer Name
Employer Number
Benefit Year Begin

[REDACTED]

A question of eligibility and/or qualification has been raised on this claim. Please respond to the questions on the reverse side of this form. You should keep a copy for your records. The completed form must be received by UIA within 10 calendar days of the mail date shown. **Failure to respond to this request for information will result in issuance of a determination based on available information.**

Respond by Mail. UIA
 PO Box 169
 Grand Rapids MI 49501-0169

 Fax: (517) 636-0427
 Inquiry Line: 1-866-500-0017
 TTY Customers: 1-866-366-0004

Respond online: You can submit "Request for Information Relative to Possible Ineligibility or Disqualification" responses electronically through MiWAM. To access MiWAM, go to www.michigan.gov/uia, and click on the link, "UIA Online Services for Unemployed Workers". If you already have an existing MiWAM account, log in and select "Additional Fact Finding is required for your claim". If you do not have an existing MiWAM account, you can register to create an account by selecting "Register As a New User", and follow the prompts. Online responses must be submitted within 10 calendar days of mail date shown above.

If it is determined that you intentionally made a false statement, misrepresented the facts or concealed material information to obtain benefits, then the penalty provisions of Sections 54 and 62(b) of the Michigan Employment Security Act will be applied and you would be subject to any or all of the following:

- You would have to repay money received and would have to pay a penalty of two times (if less than \$500 of improper payments) or four times (if \$500 or more of improper payments) the amount of benefits fraudulently received.
- The two times penalty would be increased to a penalty of 4 times the amount of improper payments if it were a second or subsequent offense.
- Your benefits would be stopped and you will lose remaining benefits.
- You would be required to pay court costs (if prosecuted) and fines, face jail time, or you may be required to perform community service, or all of these.
- Intentional misrepresentation to obtain benefits in excess of \$3,500 is a felony and you may be prosecuted in criminal court.



LARA is an Equal Opportunity Employer/Program.

Additional information is necessary regarding Misrepresentation: Voluntary Quit/Personal Reasons.

Did you intentionally provide false information to obtain benefits you were not entitled to receive?

Yes No

Why do you believe you were entitled to benefits?

1. I needed the money
2. I had not received my payment when I reported for benefits
3. I reported the net dollar amount instead of the gross dollar amount paid
4. I did not understand how to report my earnings or separation reason
5. I thought my employer reported my earnings for me
6. Someone else certified (reported) for me
7. Someone else filed my claim for me
8. Other

You may provide a statement and evidence regarding this issue before a (re)determination is made on this matter. You must provide a response to the questions above and if you failed to previously report this information, explain why. This form must be received by the Agency within 10 calendar days of the mail date shown on page 1. Submit copies (not the originals) of any records which you believe support your position, such as pay stubs, layoff slip, federal income tax form, W-2, etc. If you require additional space, attach additional page(s). Please include your name, Claim ID and Letter ID as shown on page 1 of this form on all documents that you submit.

Certification: I certify that the information I have reported is true and correct to the best of my knowledge and belief. I understand that there are penalties of fines and/or imprisonment and/or community service for false statements as indicated on the front side of this form.

Signature

Date

Telephone Number

Print Name

Title



Mail Date:
Letter ID:
CLM:
Name:

[REDACTED] 10

Notice of Determination

Case Number:
SSN:
Claimant:

[REDACTED]

BYB:
Employer Number:
Involved Employer:

[REDACTED]

Issues and Sections of Michigan Employment Security Act involved: Misrepresentation and 62(b).

Your actions indicate you intentionally misled and/or concealed information to obtain benefits you were not entitled to receive.

Benefits will be terminated on any claims active on [REDACTED]

You are disqualified for benefits under MES Act, Sec. 62(b). Restitution is due under MES Act, Sec. 62 (a). The wages used to establish your claim are cancelled and no further benefits will be paid based on those wages. In addition, you are required to pay the penalty assessed based on this determination under MES Act, Sec. 54(b). If the amount of restitution due is less than \$500, the penalty is double the restitution due, except that for a subsequent intentional misrepresentation the penalty amount is four times the restitution due. If the amount of restitution due is \$500 or more, the penalty is four times the restitution due.

Calculation of interest and penalty amount is shown later on this form.

If you disagree with this (re)determination, refer to "Protest Rights and Appeal Rights" on the reverse side of this form.

